

Governor Scott Walker Secretary Eloise Anderson

Amendment

by and between

Wisconsin Department of Children and Families

and

Menominee County

State/County Contract Appendix R Tribal High Cost Pool Fund

CONTRACT EXTENSION NO:

ORIGIONAL CONTRACT NO:

302

010

COMMODITY OR SERVICE and DEFINITION:

Tribal High Cost Pool Fund

CONTRACT PERIOD:

FUNDING PERIOD:

01/01/11 - 12/31/11

01/01/11 - 12/31/11

DCF PROGRAM ADMINISTRATOR

Loa Porter - PHONE # 608 266-5330

Loa.Porter@wisconsin.gov

CONTRACT BILLING & PAYMENT TERMS

Expense Report 28th / Payment 5th

CONTRACTOR INFORMATION:

Contractor / Provider Name: MENOMINEE COUNTY DEPARTMENT OF HUMAN SERVICES

Contractor / Provider Authorized Representative: Barbara Nelson

Contractor / Provider Authorized Rep Email: barbexdir@co.menominee.wi.us

Contractor / Provider Address: W3272 Wolf River RoadW3272 Wolf River Road

Contractor / Provider Mailing Address:

Contractor / Provider City, State, Zip: Keshena, WI 54135

Contractor / Provider Phone / Fax: 715-799-3861 / 715-799-3517

Contractor / Provider Administrator: Ludene Balke-Smits

Contractor / Provider Email: lbsmits@co.menominee.wi.us

Contractor / Provider FEIN#:

Funding Information:

Agency: Menominee County		Agency Code #	72	Contract # Amend 302	
FEIN #:		Funding Period: 01/01/2011 – 12/31/2011			
CORe Contract Code Name	CORe Contract Code Number	Current Contract Amount	Contract Change Amount		Contract Amount
Tribal High Cost Pool Fund	3310 (100%)	\$0	\$80	6,436.00	\$86,436.00

This is an amendment of funding for a specific time period entered into by and between the State of Wisconsin Department of Children and Families and the contractor listed above. ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT REMAIN IN FULL FORCE AND EFFECT. The Department and the Contractor acknowledge that they have read the Amendment and understand and agree to be bound by the terms and conditions.

This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by the Department.

IN WITNESS THEREOF, the Department has executed this Amendment on the date set forth below.

Signatures	
Docusigned by: Fredi-Eller Bore	9/4/2011
Fredi-Ellen Bove Administrator, DCF/DSP	Date